

Please make the necessary changes on this form and fax to our office so that your renewal bill is sent to the correct address and the correct information will be on your next certificate.

FACILITY STATUS CHANGES

CLIA CERTIFICATION

FORWARD CHANGES TO:

Arizona Department of Health Services
Office of Laboratory Services
250 N. 17TH Avenue
Phoenix, AZ 85007

Phone: (602) 364-0726
*Fax: (602) 364-0759

| | |
|--|-----------|
| CLIA NUMBER (PLEASE INCLUDE) | |
| FEDERAL TAX ID. NUMBER | |
| NEW FACILITY NAME | |
| NEW FACILITY ADDRESS | |
| CITY, STATE, ZIP | |
| NEW MAILING ADDRESS | |
| CITY, STATE, ZIP | |
| NEW DIRECTOR'S NAME | |
| DIRECTOR'S TITLE (i.e. MD, DO, PA, NP, BSRN, etc.) | |
| NEW PHONE NUMBER | () |
| NEW FAX NUMBER | () |
| E-MAIL ADDRESS | |

* CLIA Laboratory Director Signature _____

* Date: _____